

CT DETERMINATION FOR UNFILTERED SYSTEMS - MONTHLY REPORT TO DEP ^{1, 2}

Month _____ Town _____ PWS NAME _____
 Year _____ System/Treatment Plant _____ PWSID _____
 Disinfectant/Sequence of Application _____

DATE	DISINFECTANT ² CONCENTRATION C(mg/L)	DISINFECTANT ³ CONTACT TIME, T(min.)	CTcalc ⁴ (= C&T)	pH ^{3,5}	WATER ³ TEMP. (DEG. C)	CT99.9 ⁶	(CTcalc/CT99.9)
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PREPARED BY _____
 TITLE _____
 DATE _____

NOTES:

1. To be included in the monthly report for at least 12 months after the initiation of reporting. After that time, DEP may no longer require this form.
2. Use a separate form for each disinfectant/sampling site. Enter disinfectant and sequence position, e.g., "ozone/1st" or "C102/3rd."
3. Measurement taken at peak hourly flow.
4. $CT_{calc} = C \text{ (mg/L)} \times T \text{ (min.)}$.
5. Only required if the disinfectant is free chlorine.
6. From 310 CMR 22.00.

RETURN TO DEP/DWP REGIONAL OFFICE WITHIN 10 DAYS AFTER THE REPORTING MONTH